

**BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT**

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**FORM E:
PSYCHIATRIC DISABILITY VERIFICATION
NOTICE TO APPLICANT AND AUTHORIZATION**

You must complete this part of the form. The rest of the form must be completed by the qualified professional who is recommending testing accommodations on the Delaware Bar Examination for you on the basis of a psychiatric disability (as defined in the Americans With Disabilities Act of 1990, as amended). Read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Board of Bar Examiners of the Delaware Supreme Court.

I hereby release, discharge, and exonerate (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) the qualified professional and their agents and representatives completing this form, from any and all liability of every nature and kind arising out of the furnishing of information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I am not required to sign this form in order to receive treatment from the qualified professional. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule or state law. I have the right to revoke this authorization in writing except to the extent that the qualified professional has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the qualified professional.

Date:

Signature:

NOTICE TO QUALIFIED PROFESSIONAL

The above-named person is requesting accommodations on the Delaware Bar Examination ("Bar Exam"). All such requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the examination on the basis of a psychiatric disability. The Board of Bar Examiners of the Delaware Supreme Court (the "Board") also requires the qualified professional to complete this form.

If any information requested in this form is fully addressed in a comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. **Have you attached a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Bar Exam?** Your assistance is appreciated.

Confidentiality policies of the Board will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process. The Board is authorized to and may seek assistance from qualified professionals in reviewing the applicant's request for testing accommodations, and may forward or disclose information you provide to such experts or professionals for their consideration.

Print or type your responses to the items below, and return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board. Thank you again for your assistance.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Full Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Occupation & Specialty: _____

License Number/ Certification/State: _____

Please describe your qualifications and training to assess, diagnose, and treat psychiatric disabilities, and to verify the applicant's condition and recommend reasonable accommodations for it.

II. DIAGNOSTIC INFORMATION

1. When was the applicant first diagnosed with a psychiatric disability?

2. Did you make the initial diagnosis?

_____ Yes

_____ No

If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

3. When did you first meet with the applicant?

4. When was your last complete evaluation of the applicant?

5. What is the applicant's specific diagnosis per the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association? If diagnosis is not definitive, please list differential diagnoses.

6. Describe the applicant's current functional limitations caused by the disability in different settings and specifically address the impact of the disability on the applicant's ability to take the Bar Exam under standard testing conditions. Note: Psychoeducational, neuropsychological, or behavioral assessments often are necessary to demonstrate the applicant's current functional limitations.

7. Describe the applicant's compliance with and response to treatment, including medication, if prescribed. Explain the effectiveness of any treatment and/or medication in reducing or ameliorating the applicant's functional limitations and the anticipated impact on the applicant in the setting of the Bar Exam.

ATTACH ALL COMPREHENSIVE EVALUATION REPORTS. An applicant's specific psychiatric disabilities must have been identified by a comprehensive diagnostic/clinical evaluation that is well documented in the form of a comprehensive report. The Board provides reasonable accommodations based on an assessment of the current impact of an applicant's disability on the specific testing activities on the Bar Exam.

The Board generally requires documentation from an evaluation conducted within the

last three years to establish the current impact of the disability. In some cases it is necessary to assess functioning within the past several months. Attach to this form a copy of the comprehensive evaluation report including test results from norm-referenced tests and a DSM differential diagnosis. The report should include the following:

- An account of a thorough diagnostic interview that summarizes relevant components of the individual's psychiatric/psychological, developmental, medical, family, social, and educational history;
- Results of a full mental status examination;
- Description of current functional limitations in different settings;
- Results of any tests or instruments used to supplement the clinical interview and support the presence of functional limitations, including any psychoeducational or neuropsychological testing, rating scales, or personality tests;
- Diagnostic formulation, including discussion of differential or "rule out" diagnoses, including objective evidence of the diagnostic condition; and
- Prognosis.

I. RECOMMENDED ACCOMMODATIONS

The Bar Exam is a timed, written examination in three parts administered over the last Monday, Tuesday, and Wednesday of July of each year.

- On Tuesday morning, applicants take the Multistate Performance Test ("MPT") prepared and administered by the National Conference of Bar Examiners ("NCBE"), which contains two sections designed to test an applicant's ability to complete certain fundamental tasks all new lawyers should be able to accomplish regardless of the area of law in which the tasks arise. The MPT requires applicants to perform tasks that will involve reading provided materials and drafting a short written document, and may also involve taking notes. Absent accommodations, the MPT is administered over a single three hour testing session and both items must be completed within that time.
- On Tuesday afternoon, applicants are given four essay questions designed to test their ability to take hypothetical fact patterns involving areas of law relevant to Delaware practice and identify, analyze, and explain the legal issues raised by those fact patterns. Absent testing accommodations, applicants receive a set of four essay questions, and must respond to the essay questions in three hours. Most applicants use computer software called ExamSoft to input their essay answers on a keyboard and review on a computer screen, but a small number of applicants still write their essay answers out by hand in exam booklets.
- On Wednesday, applicants take the NCBE's Multistate Bar Examination ("MBE"), a 200-question multiple choice test designed to test an applicant's substantive

knowledge of six areas of law. Applicants give their answers to the questions by filling in circles on a printed form that is then scanned by a machine for scoring. Absent accommodations, the MBE is divided into morning and afternoon sessions, each three hours in length and covering 100 questions.

Applicants are assigned seats in the testing room. The testing room consists of eight foot tables and two applicants are assigned to each table. Absent accommodations, the only items applicants are allowed to bring with them into the testing room are their laptop computers (if they are using ExamSoft to input their essay answers), and water in a clear plastic bottle.

The Bar Exam is administered in a quiet environment. During a test session, applicants may leave the examination room only to use the restroom or drinking fountain, and they must do so within the time allotted for the test session.

Taking into consideration this description of the Bar Exam and the functional limitations currently experienced by the applicant, what testing accommodations (or accommodations, if more than one would be appropriate) do you believe, to a reasonable degree of medical certainty, are necessary in light of the applicant's disability? Please mark all that apply.

____ **Examination Format**

____ Large Print – Please specify font size _____
____ Other: _____

____ **Physical Assistance**

____ Reader; Screen reader
____ Typist or voice recognition computer for essays
____ Other: _____

____ **Extended Time**

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

Essays

Standard Length: One half day, consisting of one 3-hour sessions
Extended Time _____ 10% _____ 25%
Requested: _____ 50%
Other: _____

Rationale: _____

Multistate Practice Test

Standard Length: One half day, consisting of one 3-hour session

Extended Time _____ 10% _____ 25%

Requested: _____ 50%

Other: _____

Rationale:

Multistate Bar Examination

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time _____ 10% _____ 25%

Requested: _____ 50%

Other: _____

Rationale:

Test Environment

Identify the accommodation(s) to the test environment needed and the reason why based on an submitted medical or diagnostic evaluation.

_____ Orthopedic/Mobility Needs

_____ Small Group

_____ Private Room

Other: _____

Rationale: _____

CERTIFICATION

I certify that I have attached copies of all records, test results, or reports that I relied upon in making this diagnosis and completing this form, and that the information on this form is true and correct based upon the information in my records.

Date

Signature